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Health & Wellness[®] MAGAZINE

July 2014

North Palm Beach Edition - Monthly

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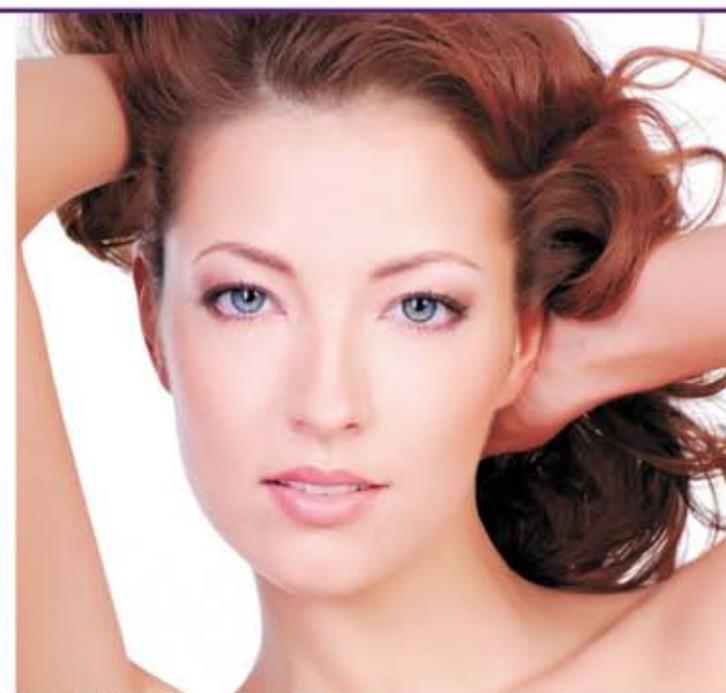
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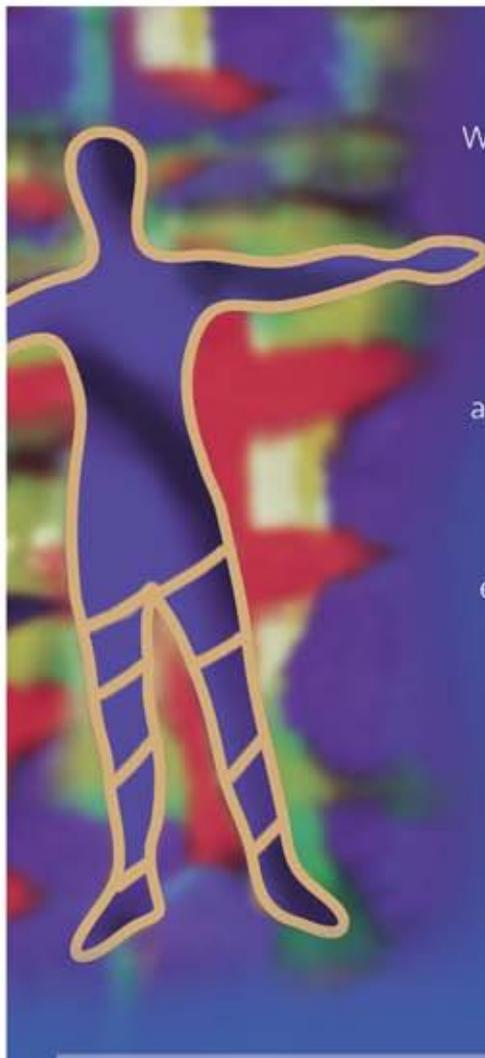
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THE IMPACT OF SLEEP ON OVERALL HEALTH

By Barry N. Chase, DDS, PC, D. ABDSM, D. ACSDD

Many people “normalize” their poor sleeping quality. Good sleep is important for a healthy body and well-being.

An estimated 30% - 50% of people snore. Contrary to popular belief, snoring is NOT normal. When we are at rest, we are usually laying down. Gravity places force on the tissues of our bodies, causing our tonsils and tongue to shift backwards. This can make the airway narrow and result in the turbulence of airflow as it forcefully tries to push through. The force of air through the blockage is the unattractive sound that we all know as snoring. Snoring is not only a serious medical condition for the individual, but it can be an extreme disruption for a bed partner.

Medical researchers are continuously studying the effects of sleep apnea and snoring. There have been proven links to diabetes, early on-set of Alzheimer's, lowered metabolism and testosterone, daytime fatigue and drowsiness, sudden cardiac death and even cancer. If left untreated, sleep apnea can have irreversible or even deadly results.



Gary M. came into the office wearing a Yankees tee shirt and a Mets hat (I root for whose winning). Gary is 55 years old, average height and weight, active, married with children, and suffering from Sleep Apnea. “What’s your main concern about your sleeping?” I asked. “Snoring. Big time snoring. It’s so bad, my wife makes me sleep in the guest room. But in a way it’s OK. Lately, I’m not as interested in sex. Not sure why. Just getting older, I guess. Besides, even if my wife was interested in sex, I don’t think I could do much. Seems I got ED [erectile dysfunction] too”, replied Gary.

Gary is typical of many men seeking treatment for Sleep Apnea. As you just read, Gary really has not connected his sleep apnea with his sexual dysfunction, loss of sex drive and erectile dysfunction.

Ronald T. is a 37 years old elementary school principal. He was somewhat overweight, constantly tired (even though he slept 8-10 hours each night), irritable and unable to get up in the morning to go to work. Not good for an elementary school principal to be tired, irritable and late for work. Ronald tried the C-PAP therapy and was unable to get used to it. He said it made him feel extremely claustrophobic, and although he tried smaller masks and nasal pillows, felt that the C-PAP was not working for him. He came to our office and received an Oral Appliance for his moderate case of sleep apnea. Ronald immediately got the deep and REM (rapid eye movement) sleep he needed. As a result he began to sleep only 7 hours waking refreshed and energetic at 5am. What was he to do for 2 hours before school started? The only place he thought of that would be open at that hour of the morning was an exercise gym. He joined. Within 4 weeks he lost

weight, bought a new wardrobe, and got a “cool” haircut. He came back to the office for a follow-up visit, and we barely recognized him. It has been over a year since Ronald has been wearing his oral appliance and is still thin, energetic and “cool”.

John B. was a 78 year old man with a history of cardiovascular disease, having had arterial by-pass surgery. He suffered from high blood pressure and high cholesterol. He was diagnosed for obstructive sleep apnea, was C-PAP intolerant and had impressions for an oral appliance taken. The day of his appointment to have his appliance inserted his wife called to say the John would not be keeping his appointment. She said he had difficulty breathing during the night, stopped breathing several times due to his sleep apnea and was snoring loudly. At 4:00 in the morning, John died of a heart attack.



Treating OSA with Oral Appliances

WARNING: Find a dentist trained in Oral Appliance Therapy (OAT) for sleep breathing disorders and

Ask the dentist:

- Are you trained in OAT for snoring and sleep apnea?
- Do you use only FDA approved appliances?
- Are the appliances you make custom made, utilizing custom impressions?
- Are the appliances adjustable (titratable)?
- Do you work with physician's who diagnose sleep apnea?
- Do you recommend a sleep study after the OAT to monitor medical data for improvement?
- If I have TMJ symptoms from the OAT, how is that managed?
- Do you participate with medical insurance and file my insurance claim for me?
- Are you a Medicare provider for OAT?
- Does your treatment include follow-up adjustment appointments after the appliance is inserted?
- Does the appliance come with a warrantee if it should break or need repair?
- Do you follow the protocols outlined by the AADSM?

Temporal Mandibular Joint Dysfunction (TMJ) and familiar with the protocols and guidelines recommended by the Academy of Dental Sleep Medicine (AADSM).

Sleep apnea is a condition that can lead to other serious medical maladies, or can even be fatal. Make sure you are putting your health, and life, in the hands of a qualified dentist.

There are many oral appliances to choose from. Make sure the one you get is FDA approved. The appliance selected should be based on the severity of your sleep apnea, your dental and cranio-facial (skull) anatomy, condition of your teeth, pre-existing TMJ dysfunction, and certain parameters of the sleep study.

Medical Expectations for the Oral Appliance

Many patients ask, “Why did my physician have me try C-PAP before the Oral Appliance?” The answer is that the C-PAP can reduce your sleep apnea to less than AHI of 5 or even to 0 (when the patient has a comfortable mask, the machine is set at the right pressure, and it can be used all night). The oral appliance will not reduce the AHI to the lowest numbers as often as the C-PAP. The oral appliance has the limitations of the patient's anatomy. It will, however, accomplish the expected results. That is, it can reduce the sleep apnea to a level that will not threaten the patient's life, and reduce the symptoms of daytime sleepiness, morning headaches, snoring, etc.

There is hope! That is the message of the oral appliance. If you cannot wear C-PAP, you do not have to feel that sleep apnea will ruin and endanger your life. We tell patients the oral appliance can save your life, save your marriage (by eliminating snoring) and someone else pays for it (medical insurance).

The oral appliance is successful because patients wear it all night. They put it in when they go to bed and wear it until they awaken. During the hours we sleep, we go through sleep stages. Most of the deep sleep is in the first half of the sleep hours, and REM sleep is mostly in the second half of our sleep. Many patients take the C-PAP off when they wakes to use the bathroom, then return to bed and are too tired to replace the C-PAP. Wearing the Oral Appliance all night assures the patient they will get the maximum benefit of therapy and achieve the medical and symptomatic results they are after.

A properly constructed oral appliance is comfortable, kind to the TMJ, easy to wear all night, and very effective and should be covered by medical insurance.

If you have sleep apnea, or excessive snoring, or if you are undiagnosed and have excessive daytime sleepiness and other symptoms of sleep apnea, consult your physician or dentist and ask if an oral appliance is right for you.

Location of an office near you:

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Chase Dental SleepCare of Boca Raton
 3020 N. Military Trl., Suite 250
 Boca Raton, FL 33431
 (561) 443-4133

Randy L. Furshman, DDS & Associates
Chase Dental SleepCare of South Florida
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Do You Have the Hair Loss Gene?

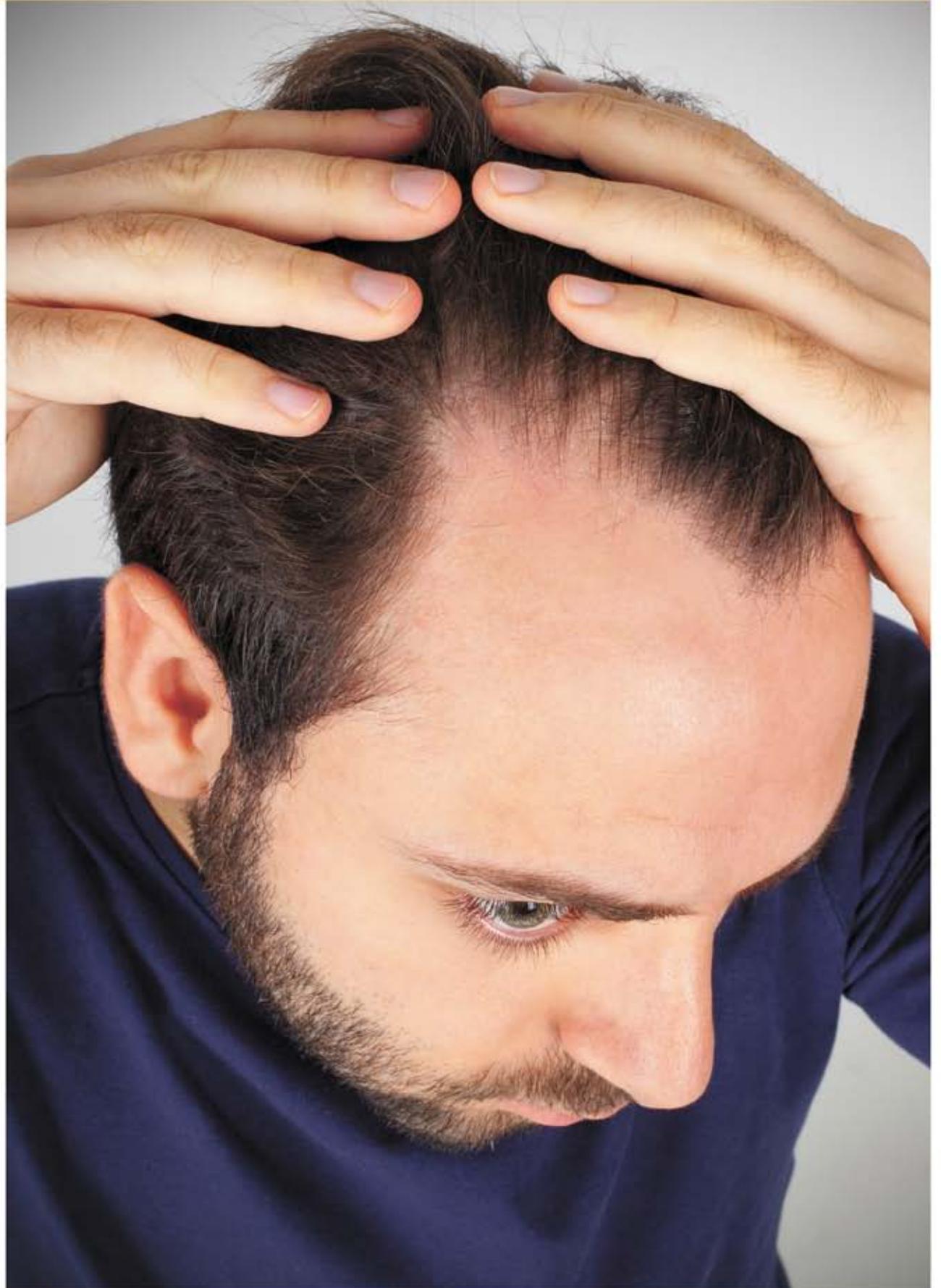
By Dr. Alan J. Bauman

One of the most common myths when it comes to hair loss is that it's only passed down from the mother's side of the family. In reality, genetic factors that influence hair loss can be inherited from either your mother's or father's side of the family.

Scientists believe there are approximately 200 genes that regulate hair growth and hair characteristics like caliber, color and curl which can all play a role in scalp coverage. After puberty, the hereditary hair loss genes can take over—causing a gradual and progressive miniaturization of hair follicles—weakening hair production over time until baldness occurs. According to the American Hair Loss Association, by the age of thirty-five, approximately two-thirds of men will experience some degree of hair loss; and by the age of fifty, eight-five percent of men have significantly thinning hair. Despite what some may believe, hair loss is not strictly a 'man's problem.' More than half of all women over forty experience thinning hair, and they can inherit 'hair loss genes' too, just like men.

For those at risk, over time hair follicles spend more time resting and less time producing hair. This means that someone prone to either male or female pattern hair loss is experiencing the production of weaker and thinner hairs as well as fewer numbers of hairs over time. The good news however is that the earlier you seek effective medical treatment from a full-time hair loss specialist, the better your chances of maintaining and enhancing your own living and growing hair. The keys to successful treatment are early intervention, scientific tracking and regular follow-up with a medical professional.

The most common cause of thinner, less voluminous hair is genetics. Based on our DNA, again, a combination of our mother's AND father's genes, we are prone to thinning hair starting at a certain time in life anytime after puberty and progressing at a certain predetermined speed. Illness, medications, stress, nutrition, inflammation of the scalp, social factors and other habits can accelerate the problem, but again, genetics are most likely to blame for your thinning locks.



So how can you tell if you have the hair loss gene? Today, with a simple swab of the cheek, you can accurately determine your chances of losing significant hair later in life. New genetic tests, like HairDX, not only tell whether you're at risk for future hair loss, but they can also predict how well you will respond to treatments with oral treatments, like finasteride/Propecia. Early intervention is the key to preventing and managing hair loss. If a patient who's genetically prone to hair loss starts treatments early on, he or she may be able to maintain a full, healthy hairline and adequate scalp coverage for many years to come.

About Genetic Hair Loss Tests:

Hair Loss Risk Assessment: The quick, non-invasive, DNA tests are a reliable way to determine if you are 'high-risk' or 'low-risk' for the hereditary form of hair loss and whether you are a good candidate for medical treatment. Please note: this type of test is a risk assessment, not a specific "yes or no" answer.

Treatment Response Test: In addition to learning whether or not you are "at-risk," the HairDX genetic test is also available which predicts your response to medical treatment (finasteride/Propecia).

This information can help patients avoid spending hundreds or thousands of dollars on a treatment that may not be effective for them, and can help guide the physician to tailoring a treatment regimen for their specific needs.

Genetic "Androgen Sensitivity" Test for Women -

This test result tells women if they are sensitive to androgens (male hormones), which can be related to hair loss, plus a wide range of other conditions such as acne, infertility and polycystic ovaries. This test also predicts whether post-menopausal women are likely to respond to anti-androgen therapies (like finasteride, spironolactone, etc.)

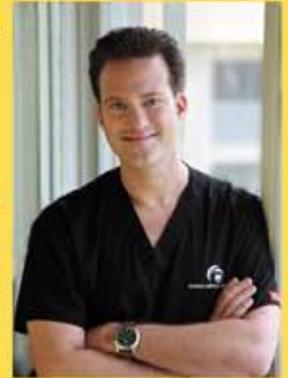
If you're worried about hair loss, or are interested in learning whether or not you have the 'hair loss gene,' it is important to consult with an experienced hair restoration physician—someone who specializes exclusively in the medical diagnosis, treatment and tracking of hair loss. Only a qualified and experienced hair restoration physician can prescribe the most effective multi-therapy treatment options, including the latest available products.



- The #1 cause of thinner, less voluminous hair is genetics.
- There are approximately 200 genes that regulate hair growth.
- By age 35, two-thirds of men will experience some degree of hair loss; by the age of 50, 85 percent of men have significantly thinning hair.
- More than half of all women over 40 experience thinning hair.
- Women can inherit a 'hair loss gene,' just like men.
- New genetic tests can assess how hair loss will affect you, and how you may respond to treatments.

About Dr. Alan J. Bauman, M.D.

Dr. Alan J. Bauman is the Founder and Medical Director of Bauman Medical Group in Boca Raton, Florida. Since 1997, he has treated nearly 15,000 hair loss patients and performed nearly 7,000 hair transplant pro-



Alan J. Bauman, M.D.
Hair Loss Expert

cedures. An international lecturer and frequent faculty member of major medical conferences, Dr. Bauman's work has been featured in prestigious media outlets such as CNN, NBC Today, ABC Good Morning America, CBS Early Show, Men's Health, The New York Times, Women's Health, The Wall Street Journal, Newsweek, Dateline NBC, FOX News, MSNBC, Vogue, Allure, Harpers Bazaar and more. A minimally-invasive hair transplant pioneer, in 2008 Dr. Bauman became the first ABHRS-certified Hair Restoration Physician to routinely use NeoGraft FUE for hair transplant procedures.

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Is Anything Worse Than Cellulite?

Cellulite is one of the most frustrating aesthetic puzzles for women of all ages and sizes. Thin women in their 20's and 30's get cellulite all the time, look at superstars Mischa Barton, Beyonce, and Kim K. All three gorgeous and in unbelievable shape, yet cellulite manages to plaster their backsides like stucco paint.

What can you do?

If you have cellulite you're actually in the VAST majority— 80% of women over the age of 20 develop cellulite at some point in their lives. Although men can get cellulite, about 90-98% of cellulite cases occur in women. Sorry women, that's 100% courtesy of genetics.

What causes cellulite?

Multiple factors affect the development of cellulite, and it's visibility on the human body. These are:

- **Hormonal factors** - hormones likely play an important role in cellulite development. Many believe estrogen, insulin, noradrenaline, thyroid hormones, and prolactin are part of the cellulite production process.
- **Genetics** - certain genes are required for cellulite development. Genes may predispose an individual to particular characteristics associated with cellulite, such as gender, race, slow metabolism, distribution of fat just underneath the skin, and circulatory insufficiency.
- **Diet** - people who eat too much fat, carbohydrates, or salt and too little fiber are likely to have greater amounts of cellulite.
- **Lifestyle factors** - cellulite may be more prevalent in smokers, those who do not exercise, and those who sit or stand in one position for long periods of time.
- **Clothing** - underwear with tight elastic across the buttocks (limiting blood flow) may contribute to the formation of cellulite.



Reducing Cellulite and its appearance

Cellulite tends to be less noticeable on darker skin. If you have light skin and plan to be out in a bathing suit or short shorts, applying a self-tanner may make the bumps and dimples on your thighs less noticeable.

At Fitbella we combat cellulite with a two pronged approach:

Diet & Exercise:

Our exercise regime focuses on movement that has the greatest impact of fat (the actual composition of cellulite) reduction and muscle/tone development. All with movements and exercise are inside of our heated Fitcapsule using resistance pulleys. The combination of heat and active movement resistance creates Enzymatic Reactivation, which activates fat cells more readily and actively, leading to increased fat burn and cellulite reduction.

Our Fitbath sauna is great for reducing cellulite and preventing water retention. It accelerates fat metabolism and improves circulation. The increase in cellular metabolism will make your skin softer and silky-smooth to the touch.

Along with the workout our Fitcoaches will provide you with individualized nutritional information, recipes, and tips to achieve your fat loss and cellulite reduction goals. At Fitbella, we customize your fitness and nutritional plan to meet your individual needs. To learn more about how we can help you meet your goals contact a Fitcoach at 561-775-0122 for a free consultation.



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For your free consultation with a Fitcoach or to answer any questions you may have contact Fitbella today at **561-775-0122**.



Following the workout, you relax in the Fitbath, a steam bath designed to detox, smooth, tighten and hydrate skin. Many women find that the Fitbath is calming and relaxing after completing their Fitcapsule workout.

Getting your body ready for peak beach season is never effortless, but it does not have to be complicated, and the hot bikini body you've been wishing for might be easier to achieve than you think with Fitbella. The personalized exercise and nutrition plan developed just for you by a Fitcoach is designed to target your trouble areas. Your plan will include specific exercise movements and foods that will help you achieve your fitness goals in no time! Following the Fitbella program will help you lose those unwanted pounds, tighten and tone those trouble areas, and reshape your body in time for you to hit the beaches and enjoy summer.

Fitbella is more than just a weight-loss method, it is a lifestyle. It is a natural healthy way for women to lose weight and be fit.

The DRX 9000 Non-Surgical Technology Relieving Low Back Pain

By Dr. James McErlain, D.C.

If you are one of the millions of Americans suffering from lower back pain you are familiar with the traditionally prescribed course of treatment: refrain from physical activity, take prescribed pain medication and muscle relaxers, and seek the treatment of a physical therapist. If these steps were not effective spinal surgery was the only hope. This course offers little help for those unable or unwilling to undergo spinal surgery. For those individuals, pain seems like a never ending cycle making everyday activities seem impossible. Until now - innovative technology allows spinal decompression to be precise, gentle, safe and highly effective.

The DRX 9000 is the latest FDA-cleared technology for treatment of back pain due to:

- Low Back Pain
- Sciatica or Radiating (leg and foot pain and numbness)
- Post-surgical patients with failed back syndrome
- Cervical (Neck) pain and related symptoms (Accu-spina Decompression)

How Does The DRX 9000 Work?

The DRX 9000 gently reduces the pressure within the spinal discs so that the patient gets relief from pain in the back and neck. The machine features a specially designed table on which the patient lies down wearing a harness. The table uses a gentle traction force to decompress the lumbar disc. Once sufficient decompression is formed, a vacuum, called "negative intra-discal pressure", is formed, which relieves disc herniation.

The pressure on the accompanying nerves is reduced, which provides relief to the patient from pain and discomfort. While the vacuum is still there, it forces the herniated material to revert back to the disc along with the spinal fluids in order to accelerate natural healing of the adverse spinal condition.



The intelligent technology used in the manufacture of the DRX 9000 spinal decompression machine enables it to auto-adjust the traction levels required by the body by analyzing the reaction of the patient's body. The treatment is fast, generally painless and most patients find it relaxing.

Is it effective?

Spinal Decompression has been proven effective in relieving the pain associated with bulging and herniated discs, degenerative disc disease, sciatica, and even relapse or failed back surgery. Since its release, clinical studies have revealed an amazing success rate in treating lumbar disc related problems with Spinal Decompression.

How do I get started?

Contact our office to schedule an initial consultation with our Dr. McErlain to determine if you are a candidate for care with Spinal Decompression. After carefully studying your case history and exam findings, he will sit down and explain his recommended plan of action for you. After answering any questions you may have about the recommended plan, you may begin your care with Spinal Decompression and start your journey back to pain-free living.

Reliable back pain relief is within reach!

Your path to wellness begins with a relaxed consultation with Dr. McErlain. We take the time to listen and get to know you in order to understand how we can help. Our thorough examination uses the latest computer technology and onsite radiology to accurately pinpoint the cause of your problem. Once your findings are studied we'll sit down and discuss in language you will understand the cause of your pain and how to fix it fast.



Stop The Pain! Call Today For a FREE! Consultation 561-741-7575.

Jupiter Healthcare has had the privilege to help thousands of local patients find relief from back and neck pain. Below are some of the kind words that patients had to say about Dr. McErlain and his team.

"I have never met a doctor and staff in my time that truly cares about his patients as much as Jupiter Healthcare! After my football career I had to have both of my knees replaced. Then came my low back issues-two bulging discs-and about a dozen Epidural shots. Finally after coming to your office and receiving spinal decompression and physical therapy, I can walk with about 85% less pain. It took 20 sessions with very little expense and now I have a much better quality of life. A miracle man is treating patients at 125 Indiantown Road in Jupiter, and I feel great! You and your staff are a true credit to society." ~ Ted M.

"Dr. McErlain is awesome! I have a herniated disc that I aggravated on Sunday. I could not walk without assistance. I was in a lot of pain. I saw Dr. McErlain on Monday and I was able to walk again and my pain had diminished! It is now Thursday and I am feeling 85% better and I know I will only continue to get better as I continue with his treatments. I cannot thank him or his staff enough. Everyone there is so professional and kind." ~ Tracy W.

THE PATIENT AND ANY OTHER PERSON RESPONSIBLE FOR PAYMENT HAS THE RIGHT TO REFUSE TO PAY, CANCEL PAYMENT OR BE REIMBURSED FOR PAYMENT FOR ANY OTHER SERVICE, EXAMINATION OR TREATMENT WHICH IS PERFORMED AS A RESULT OF AND WITHIN 72 HOURS OF RESPONDING TO THE ADVERTISEMENT FOR THE FREE, DISCOUNTED OR REDUCED FEE SERVICES, EXAMINATION OR TREATMENT. NORMAL CONSULTATION FEE IS \$80.

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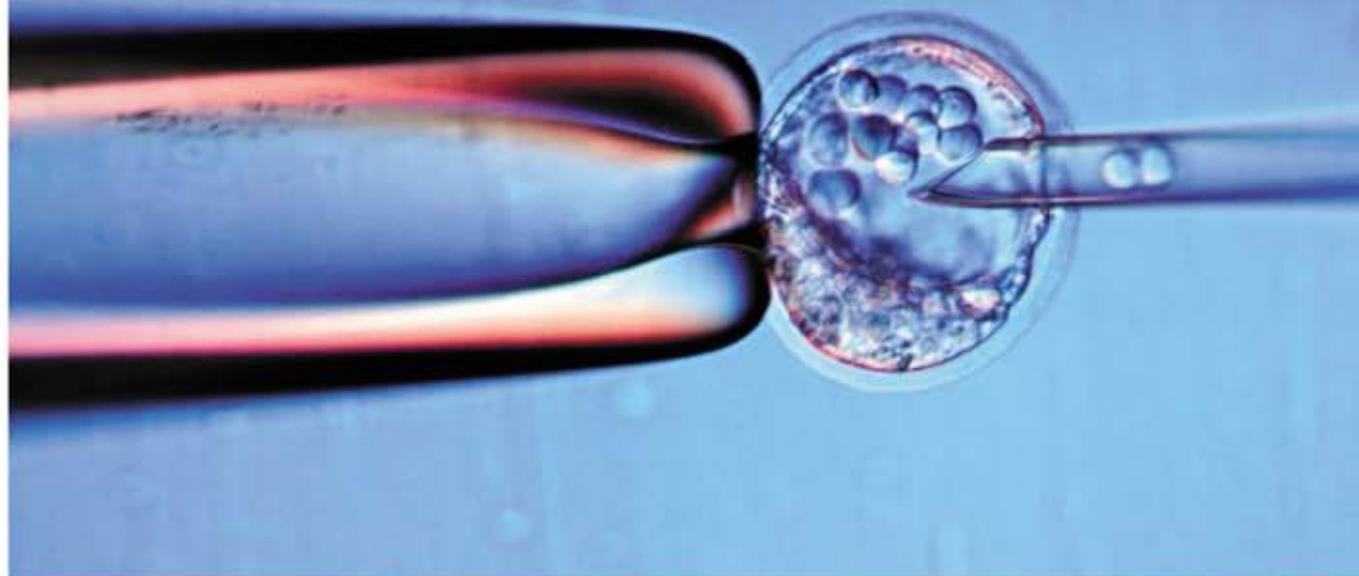
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STEM CELL THERAPY

By Daniela Dadurian, M.D.



Stem cells are your body's natural healing cells. They are recruited by chemical signals emitted by damaged tissues to repair and regenerate your damaged cells. Stem cells derived from your own tissues may well be the next major advancement in medicine. There is new technology available to produce a solution rich with your own stem cells. Under investigational protocols these can be deployed to treat a number of degenerative conditions and diseases.

Stem Cells have the potential to recognize tissue injury and repair injured cells. In the right environment, these stem cells can change into bone, cartilage, muscle, fat, collagen, neural tissue, blood vessels, and even some organs. Stem cells may also effect healing by secreting special chemical messengers that repair damaged tissue. Adult stem cells appear to be particularly effective in improving painful joints, repairing cartilage and ligaments, and even painful conditions along the spine. There are many clinical trials with stem cells going on right now. In one example, patients suffering from heart attacks have been given their own fat derived stem cells so they could speed up repair of the heart muscle and indeed, these patients have shown quicker healing compared to those not given real stem cells. Such studies have encouraged the use of stem cell deployments for ischemic and idiopathic cardiomyopathy. There have been reports of improvements with MS, Muscular Dystrophy, Parkinson's, ALS, and stroke. Stem cells may be effective in the treatment of Macular Degeneration, Crohn's Disease and numerous pulmonary

conditions such as COPD, asthma, and fibrosis. Stem cells are now used for patients with kidney failure and in the treatment of critical limb ischemia. There are many common conditions that may benefit from stem cell therapy.

Stem cells can be derived from embryonic, bone marrow and fat. We specialize in the use of stem cells derived from fat. With our current technology, we can harvest your own fat cells under a local anesthetic, break down the collagen that binds the fat and stem cell and then separate out a solution rich in your own stems cells. The fat can be harvested from any area on your body that has an adequate fat supply, but we prefer to harvest it from the areas that will you have the best cosmetic result. A mini-liposuction is performed under local anesthesia and takes less than twenty minutes. The cells are then injected according to the most appropriate route and because it's your own DNA Material, there can be no rejection. A solution rich with your tiny stem cells are administered through injection into tissues, joints or veins. The entire procedure takes less than two hours.

At this time the cost of experimental stem cell treatment is not covered by insurance companies. It is patient funded and there are no source of grants or pharmaceutical company funding.

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MD Beauty Labs at The Whitney in West Palm Beach was established by Dr. Daniela Dadurian. Board Certified in Anti-aging Medicine, she's well trained to offer proven and effective cosmetic and wellness services. MDL's state-of-the-art facility offers Medical, Aesthetics, Body Contouring & Spa Treatments in a luxurious, contemporary loft environment. With Dr. Dadurian's team of Nurses, Medical Estheticians, Massage Therapists, Permanent Makeup Specialists and Medical Spa Concierge, MD Beauty Labs is dedicated to providing the best in restoring and revitalizing experiences.

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What Is Graves' Disease?

By Lauren R. Rosecan, M.D., Ph.D., F.A.C.S.

Graeves disease is an autoimmune disorder that leads to over activity of the thyroid gland (hyperthyroidism). The gland produces hormones that regulate your body's metabolism (the process by which the body transforms food into energy).

When Graves' disease affects the eyes, the condition is known as thyroid associated ophthalmopathy (TAO) or thyroid eye disease. Graves' disease usually appears before age 40.

Too much thyroid hormone along with circulating antibodies may cause the soft tissues and muscles that surround the eye to swell. Structures within the eye's orbit — the bony space in which the eyeball sits — include muscles, blood vessels and nerves. When these structures swell within the enclosed space of the orbit, the eyes protrude or bulge. This may lead to problems moving the eyes, often resulting in double vision, one of the more common signs of thyroid ophthalmopathy.



Graves' Disease Symptoms

Graves' disease causes wide-ranging symptoms, some of which are related to the eye and others that are not.

Graves' disease symptoms that are not related to the eye include

- Anxiety;
- Irritability;
- Difficulty sleeping;
- Fatigue;
- A rapid or irregular heartbeat;
- A tremor of hands or fingers;
- An increase in perspiration or warm, moist skin;
- Sensitivity to heat; and
- Weight loss, despite normal eating habits.

Thyroid disease and the eye

Graves' disease can affect the eyes in multiple ways.

- **Eyelid retraction.** The combination of eyelid swelling and eye protrusion sometimes causes the eyelids to retract and reveal the sclera (the white part) of the eye.
- **Eye protrusion.** This occurs when the muscles around the eyes swell, which pushes the eye forward. People with this condition look as if their eyes are bulging or they are staring.
- **Dry eye.** Because of protrusion and eyelid retraction, the eyes are more exposed to the environment. This causes blurred vision, light sensitivity, dry eye, excessive tearing, irritation and inflammation.
- **Double vision.** Muscle swelling may cause double vision.
- **Eye bags.** Eyelid swelling can cause tissue around the eyes to bulge forward.

Who Is at Risk for Graves' Disease?

Women are much more likely to develop Graves' disease than men. Graves' disease usually appears before the age of 40. Having a family history of Graves' disease also increases your risk.

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Other factors that can increase your risk for Graves' disease include:

- Smoking, which also increases your risk for developing eye problems from the disease;
- Pregnancy or recent childbirth;
- Stress; and
- Having an autoimmune disorder, such as rheumatoid arthritis or type 1 diabetes.

Graves' Disease Diagnosis

To determine if you have Graves' disease or thyroid eye disease, your ophthalmologist will examine your eyes to see if they are irritated or protruding.

As part of a physical exam, your doctor will also check your pulse and blood pressure, and look to see if your thyroid gland is enlarged. Blood work may also be ordered to check the levels of thyroid hormones. Your Eye M.D. may also recommend a CT scan, which can help show swelling of certain eye muscles.

Graves' Disease Treatment

If thyroid hormone levels are irregular, reducing the overproduction of thyroid hormone may be necessary. The eye problems associated with Graves' disease may be treated by non-surgical and surgical methods.

Non-surgical treatment may include taking steroid medications by mouth to control swelling and inflammation of the eye muscles, wearing sunglasses frequently to relieve light sensitivity associated with thyroid eye disease, and applying lubricating ointment to relieve dry eye.

Surgical treatment for thyroid eye disease may include the following:

- Surgery of certain eye muscles to help treat double vision;
- Eyelid surgery to treat eyelid retraction and help protect the eye;
- A procedure called orbital decompression for certain advanced cases of thyroid eye disease. This procedure, aimed at treating eye protrusion, consists of creating targeted breaks in some of the orbital bones to allow the swelling to expand to other areas and not push the eyes outward.



By Suheil Khuri M.D.

O B E S I T Y

“Which diet is the best for you?”

There are so many diet plans that claim great results. This makes it difficult to know which ones to trust and which ones will be helpful to follow. It is also critical to be able to maintain most of the lost weight for the long term.

Long-term success requires not only diet compliance but also a lifestyle change that includes behavior/habit changes as well as a commitment to an active exercise program.

The following review examines several popular diet plans. Most diets emphasize the restriction of one macronutrient (Carbohydrate, Fat, and Protein) as the basis for that plan. The other nutrients are allowed in variable quantities, depending on the plan.

Weight loss is impossible without a calorie restriction. Each diet should provide fewer calories than your body needs to decrease your weight. Otherwise a diet without a calorie restriction will end up causing weight gain.

I- Reduced-Fat Diets

A. Very-Low-Fat Diets. Provide 10% - 20% fat. They are primarily plant-based diets (fruits, vegetables, whole grains, beans and soy) including limited amounts of reduced-fat dairy, eggs, lean meat, and fish. Dietary fat is needed to transport the fat-soluble vitamins A, D, E, and K. Without fat to transport them; they will not be able to serve their functions in your body.

1) Ornish Diet. Created by: Dean Ornish, M.D. Is a very high carbohydrate vegetarian diet that is extremely low in fat and moderate in protein. The primary goal of this diet was to reverse heart disease. Fat intake is only 6% of your total calories.

It advises the consumption of unlimited quantities of low-fat, high fiber, complex carbohydrate foods, such as beans, legumes, fruits, vegetables, and grains. Low fat dairy products are allowed in moderation. Meats, eggs, nuts, oil, seeds, alcohol, and high fat fruits and vegetables are prohibited. Physical activity and stress management are also emphasized.



2) The Pritikin Diet. Created by Nathan Pritikin & revised by: Robert Pritikin. Is a very low-fat, high-carbohydrate diet. The focus is to eat vegetables, fruits, and high-fiber grains. Fats should not exceed 10% of total daily calories. The revised Pritikin diet includes a "Calorie Density (amount of calories in a given weight) Solution:" Consume low-calorie dense foods (apples, brown rice,..) 6-7 times per day. Theorizes that eating low-calorie density foods throughout the day will reduce hunger and cause weight loss.

B. Low-Fat Diets. Provide 20% - 35% fat. This diet is the cornerstone of most mainstream dietary recommendations.

1) DASH (Dietary Approaches to Stop Hypertension) Diet. Is a balanced diet with no extreme percentages of macronutrients; low in sugar, salt, alcohol and saturated fat, with moderate levels of total fat, and a high level of mono-unsaturated fats. It emphasizes helpful minerals and antioxidants to lower blood pressure.

It emphasizes vegetables, fruits, low-fat dairy products, whole grains, poultry, fish, and nuts, limited amount of red meat, sweets, and sugar-containing beverages. Limits the amount of total fat, saturated fat and cholesterol.

2) American Diabetes Association (ADA) Diet. Is composed of: 60% Carbohydrates, 20% Proteins, and 20% Fat. Is based on "exchange units". For a 1600-calorie diet, it includes: 9 starch, 4 fruit, 4 vegetables, 5 meat, and 6 fat exchanges.

3) Jenny Craig Diet. Has become best known for the celebrities who followed it. This diet provides you with your foods and snacks to ensure you consume the exact amount of calories your body needs to lose weight. You add fresh produce and dairy. You meet with a consultant regularly. Physical activity is emphasized.

4) Weight Watchers. Has been around for many years. There have been changes to the program, but weekly meetings have remained a part of the plan.

There are two diet options:

1. Flex Plan. The points value for foods is calculated based on the food's calories, fat, and fiber.

2. Core Plan. Is based on energy density (the amount of calories in a given weight of food). Encourages low energy dense foods as in: vegetable soups, vegetables, and fruit.

5) NutriSystem. Provides prepackaged food that has a low glycemic index, high-fiber and high protein. You add fresh produce and dairy. This system does address the three important components for successful weight loss and maintenance: diet, behavior and physical activity.

C. Moderate-Fat Diets. Provide 35% - 45% fat.

Contain a high proportion of unsaturated fatty acids primarily from monounsaturated fatty acid oils and emphasizes high intake of plant foods (fruits, vegetables, whole grains, legumes, and nuts) and fiber and limited amounts of saturated fat from animal foods.

>> **Mediterranean Diet:** Has become a popular diet and is composed of: 40% Carbohydrates, 17% Proteins, and 43% Fat. It has a high amount of monounsaturated fats. The diet contains: vegetables, fruits, cereals, dairy products, meats and poultry, fish, wine, legumes and olive oil.

II- High-Protein Diets

Those are diets with protein intake that is greater than 25% of total energy or 1.6 gms/kg per day. A key difference between high protein and low carbohydrate diets is that high protein diets are typically low in fat.

>> **The Zone Diet.** Is composed of: 40% Carbohydrates, 30% Proteins, and 30% Fat. When this ratio is achieved, this diet claims that the body is working within the "zone" leading to maximum energy and weight loss.

It focuses on lean meats (especially poultry), avoids high-fat animal products (fatty meats, dairy products, eggs) as well as most grain products, starchy vegetables, and some fruits. It promotes eating a balance of each nutrient, without severely restricting calories. Protein increases your feeling of fullness, helping you to avoid eating between meals. Healthy unsaturated fats are encouraged in place of the saturated and trans fats.

Poor long-term compliance has been reported in several studies comparing high protein and low fat diets.

III- Low Carbohydrate Diets

Consist of limited amounts of carbohydrate (20 – 50 grams/day or about 10% - 30% Carbohydrate). This amount is gradually increased over time. Those diets have relatively high amounts of fat (about 60% fat), which differentiates Low Carbohydrate diets from High Protein Diets.

1) Atkins Diet. Created by Robert Atkins M.D. is a well-known diet. It restricts carbohydrates to 6%, and has 35% Proteins, and 59% Fat.

The basis for this plan is: the significant decrease in carbohydrate intake leads to a reduced appetite, and the body will use stored fat for energy leading to weight loss.

This diet has been around for decades and has undergone many revisions.

The most recent version of this diet is much more nutritionally balanced and does emphasize the need to consume unsaturated fats as well as allows the use of good carbohydrates instead of restricting all carbohydrates. These newly allowed foods provide the previously lacking vitamins, fiber, and minerals in this diet.

2) South Beach Diet. Created by: Arthur Agatston M.D. is composed of: 28% Carbohydrates, 33% Proteins, and 39% Fat. It emphasizes healthy carbs, such as whole grains, certain fruits and vegetables, mono-unsaturated fats, such as olive and canola oil and nuts, and lean source of protein.

It is divided into different phases. The first phase is to eliminate cravings and quick start weight loss; the second phase is to induce a steady weight loss; and the third phase is to achieve and maintain your weight goal.

Low Carbohydrate diets have been associated with lower reductions in Total Cholesterol and LDL cholesterol, greater reductions in Triglycerides and larger increases in HDL cholesterol when compared to Low Fat diets.

In Conclusion:

All diets mentioned above lead to some weight loss but the ability to adhere to a diet for the long term and maintain the weight loss is the main problem in all diets.

The composition of the most healthful diet is not known. However, our diets are meant to have a balance of all three nutrients (protein, carbohydrates, and fat).

The Dietary Reference Intake (DRI) established the need for each one of the three nutrients based on research for optimal health and weight. It set the dietary goals at 45% - 65% from carbohydrates, 20% - 35% from fat and 10% - 35% from protein.

You need to be an educated consumer when it comes to weight loss. It takes lifestyle changes and modifications in behavior, diet, and physical activity to succeed at weight loss. It also takes long term commitment and adherence to whichever diet plan you follow.

Answering the question:

"Which diet is best for you?"

"The best diet for you is the one that you will and can commit to and follow regularly for the long term." There is no one diet that is the answer for everyone.

If you are having difficulties with weight loss, consult your physician. Dieting is a complex issue with multifactorial causes and ongoing professional support may be needed for success. Never give up hope, because it is possible to lose weight and keep it off.

Always remember that **Weight Loss of 5% – 10% can reduce several risk factors for cardiovascular disease, stroke, hypertension, and many other diseases associated with obesity, even if the optimal weight is not achieved.**

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FREQUENTLY ASKED QUESTIONS ABOUT LOW TESTOSTERONE

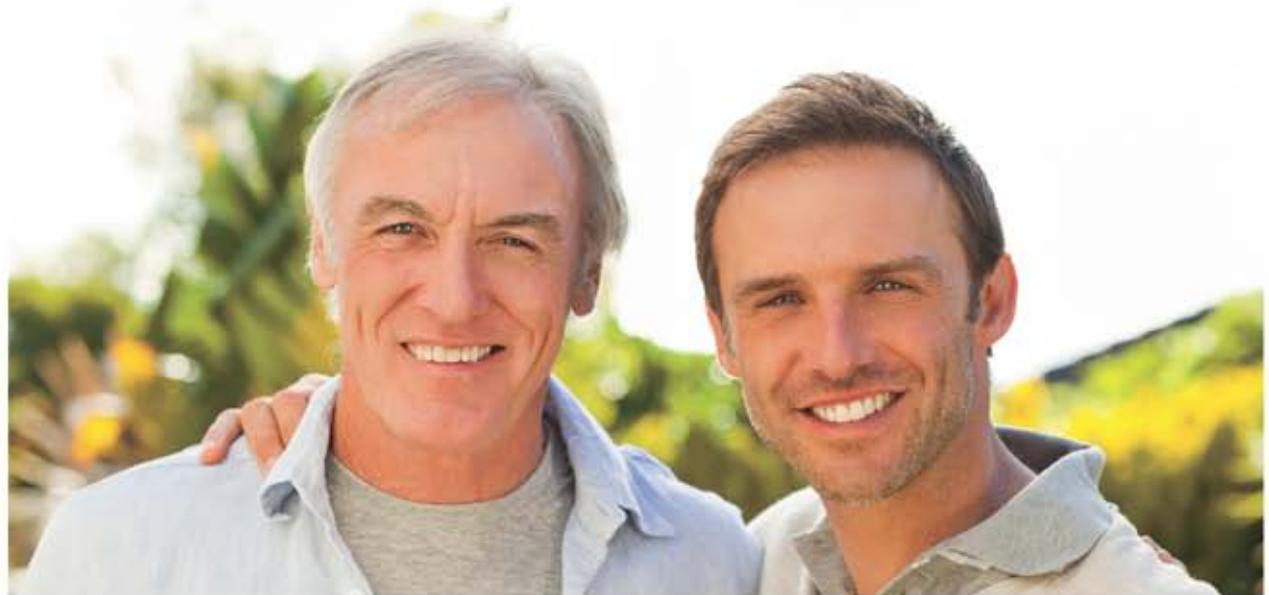
Millions of American males suffer from hypogonadism, often referred to as “low T.” This condition affects men of all ages and causes a number of problems. Men have been known to experience everything from depression to hair loss because of this condition. Doctors are now able to use testosterone replacement therapy to help those seeking to increase their testosterone levels and reverse these effects.

Here we answer some of the most common questions relating to low T.

What is testosterone and what does it do?

Testosterone is a hormone that’s produced in a male’s testicles. The production of this hormone is very important because it’s used by the body in a number of ways. For instance, the testosterone hormone is used to maintain the distribution of fat throughout the male’s body, and even affects the strength and durability of a man’s bones. A male’s level of testosterone plays a major part in sperm production as well as the number of red blood cells produced in the body.

Age and genetics play a significant role in the amount of testosterone that’s produced as well. Juvenile males often produce far less of the hormone at a young age. However, as these young adults begin to enter puberty their testicles begin producing more of the



testosterone hormone. As the production of the hormone increases pubescent males begin seeing significant changes to their bodies, such as more body hair, more muscle definition, increase in energy, a deeper voice, and much more. This increase in the testosterone hormone continues until the male is in their late 20s. Upon reaching 30, most males will begin experiencing a slow and steady decline in the amount of testosterone produced.

What causes testosterone levels to decline?
Any testosterone specialist will tell you that low testosterone levels are often brought on by a number of things. As you just read, those who begin reaching a certain age will begin to experience the decline. Many males experience low amounts of production simply because of their

genetics. Obesity and a steady increase in weight gain has been linked to a sharp decrease in testosterone production, which is why testosterone specialists often advise a change of diet to help reverse this problem.

Certain medical conditions have also been linked to lower testosterone production. For instance, individuals who are suffering from type 2 diabetes tend to also have lower levels of the hormone. Men, who are being treated with chemotherapy for testicular cancer, or any other form of cancer, may also experience a loss of testosterone production. In this case, radiation and/or chemotherapy can damage the testicles and glands that actually produce the hormone. In order to combat this loss, doctors typically prescribe a testosterone supplement.

What are the symptoms of Low T?

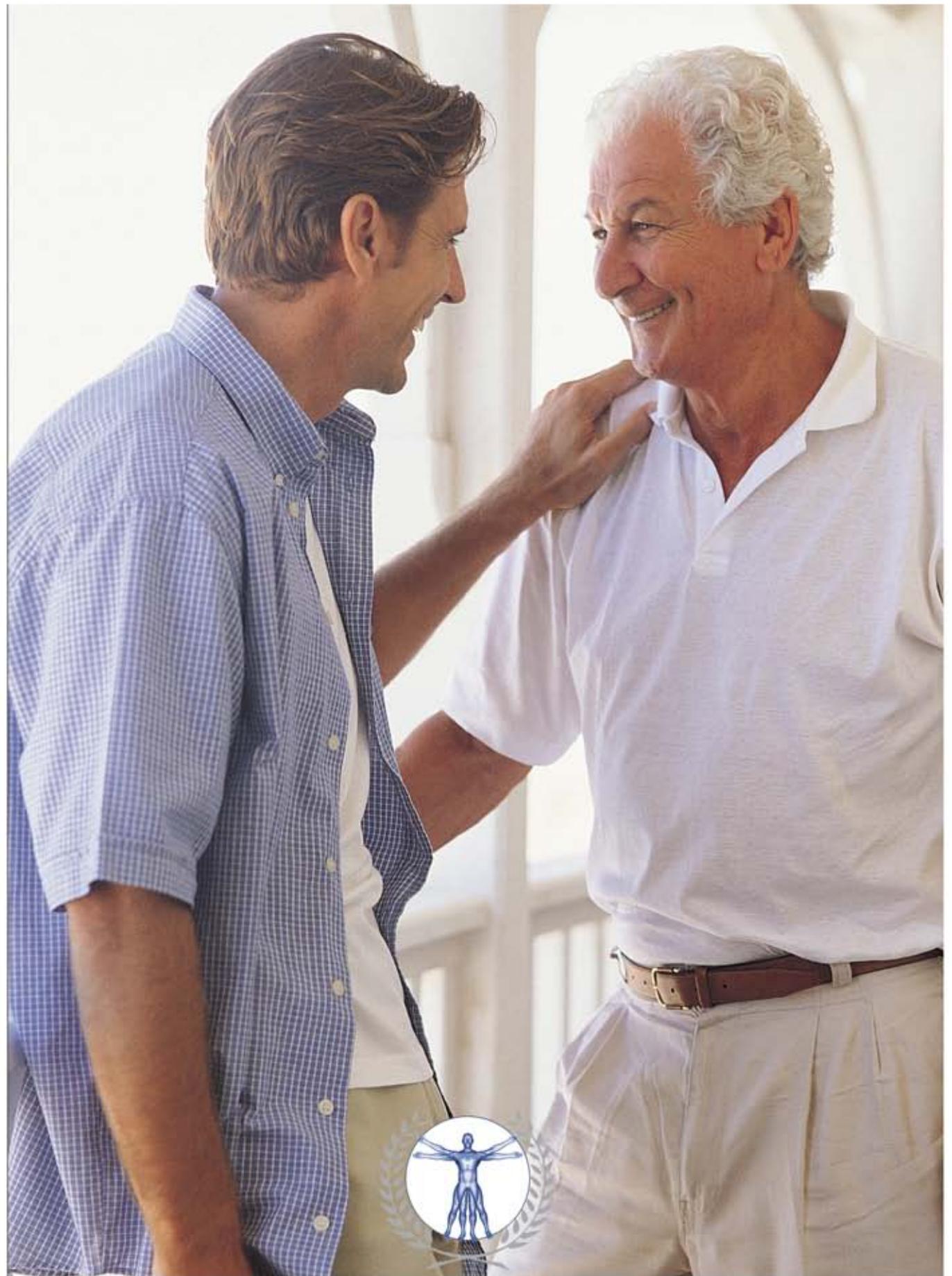
Many males suffer from low testosterone levels and don't even realize it. Although every male experiences different symptoms associated with low T, there are a number of common signs to look for. For instance, hair loss is thought by many to be a sign of a decrease in testosterone. Those males who begin experiencing an unexpected increase in body fat, or a strange decrease in their muscle tone and levels of strength, may actually be experiencing a simultaneous decrease in the testosterone hormone.

Aside from physical changes, males also tend to experience emotional and psychological changes. Many males who produce an insufficient amount of testosterone have known to become very depressed and well as short-tempered. Because of the connection between testosterone and a man's sex drive, a decline in libido and performance in the bedroom also becomes an issue. Due to these numerous subtle changes many males begin feeling self-conscious about the way they look and feel, and a lack of motivation and confidence begins to become an issue as well.

How can I increase my testosterone levels?

Although it may be helpful, adopting a better diet and exercise regimen isn't enough to encourage testosterone production. Testosterone replacement therapy is usually used to help increase production of the hormone. Patients have the options of receiving injections, rub-on creams and gels, or patches.

The injections are typically done by a medical professional and are given every other week. Injections are given in the buttocks or deltoids and take minutes to receive. Creams can be applied by patients on a daily basis, and are placed on the upper arms, legs, or shoulders. Placing the supplemental cream on the skin helps the body to absorb the drug almost immediately, and the individual experiences a testosterone boost that lasts for hours. Patches work similarly to creams in that they allow testosterone to enter the bloodstream through the skin. However, unlike creams, patches are attached and not rubbed on. Patches provide a steady stream of testosterone to supplement the amount that's been lost; this stream lasts for 24 hours, and after that the patch is replaced.



At Maximum's Men's Clinic we specialize in all things relating to men's health. If you or someone you love believes Low T may be affecting your health and quality of life, we are here to help you find answers, contact our team for a free consultation at **561-402-7159**.

www.MaximMensClinic.com

BROKERS VERSUS ADVISORS

Do you know the difference between an Advisor and a Broker? Many investors have Financial Advisors, but most don't know the difference between working with one who acts as a broker versus one who acts as an Investment Advisor. Broker's sell products to their clients and are paid a commission. Advisor's manage client assets and get paid a fee based on assets under management. I believe there is an inherent flaw in the broker model.

The flaw lies in the fact that the broker is compensated for selling products to their clients. They are not compensated unless there is a transaction. Advisors do not sell anything; they manage client assets based on the goals and objectives of each client's unique financial situation. There is no conflict of interest in the RIA or Advisor model, because the only way an Advisor is compensated is by doing a good job managing client assets. I used to work as a broker, and in my opinion that model is broken. For instance, how do you know the product you are buying from your broker is right for you or is it being sold to you

because of its commission structure? For instance, what if there are two very similar annuity products available to be sold by your broker, but one pays a higher commission than the other one. Which product do you think the broker is more likely to convince you to buy? I would be willing to bet that most of the time the broker will try and sell you the one that pays a higher commission. That is what makes the broker model a flawed system.

There is an inherent conflict of interest, because this is how the broker gets paid. The RIA or Advisor model is conflict free. Advisors are paid to manage assets. As the asset size grows, the advisor is paid more because of the direct benefit generated for the client. Investment selection is made purely on how well each investment will perform based on significant research. Whereas, brokers are paid on how much commission they generate. They are given bonuses and fancy titles based on commission production, not on the performance of the client accounts. There has been a shift toward the RIA model over the last 10 years due to the

inherent flaws in the broker model. I can envision over the next 10 years we will continue to see this shift toward the RIA model because of one simple fact. There is no conflict of interest in the RIA model. RIA's are not looking for the product of the day to sell their client.

They are looking for the investment that will help the client achieve their financial goals. Before hiring any broker or advisor, do your research. You can go to www.finra.org and type in your broker or advisors name and get a complete history on his or her background in the industry. These reports will also tell you if your advisor has had any disclosure events or complaints. As always, the opinions expressed in this article are that of the authors. Please do your research and make an educated decision before engaging in any financial transaction.

If you would like to learn more about this topic or have your portfolio reviewed, please contact Jay Chapman, CFP® at Fogel Capital Management 772-223-9686 or email Jay@fogelcapital.com.



THE STRENGTH OF EXPERIENCE
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Matters of the Heart

By Dr. Rodolfo Carrillo, MD, FACC



Married for 25 years, Ronald and Eileen Baehr of Delray Beach have shared many things, including working together in several ministries. It was no surprise then, when they also shared experiences at the Bethesda Heart Institute last fall.

It began when Eileen told her internist, Vernon Rebello, M.D., of Rebello Medical Associates, that she was feeling tired upon exertion, something unusual for her. An exam found her heart murmur had increased. She suffered from mitral valve regurgitation (a leaky heart valve). He referred her to interventional cardiologist Rodolfo Carrillo, M.D., of Florida Premier Cardiology, who performed a transesophageal echocardiogram to evaluate the valve. It revealed a very severe problem, even though her symptoms were only moderate.

Rapid Response

“Knowing your risk for heart disease and recognizing changes in your own body is very important,” says Dr. Carrillo. “It is best to start treatment before major complications occur.”

Dr. Carrillo sent Eileen to cardiovascular surgeon Geoffrey M. Lynn, M.D., medical director of the Bethesda Heart Institute. He recommended open-heart surgery to repair the valve, which he performed with fellow cardiovascular surgeon Samantha E. Kwon, M.D.

During this time, Ronald Baehr began noticing an occasional heavy feeling in his chest and made his own appointment with Dr. Carrillo. During a routine stress test at Dr. Carrillo’s office, Ronald was waiting to see the doctor when his heart became very heavy and his chest began to hurt.

“I knew I was in trouble,” said Ronald. “I told the receptionist to get the doctor right away.”

It only took a few moments for Dr. Carrillo to assess the situation and call 911. “I followed the ambulance and called ahead to the Bethesda Cath Lab,” recalled Dr. Carrillo, who promptly performed a cardiac catheterization on Ronald. “We located the blocked coronary artery and inserted a stent to reestablish normal blood flow.”

All Heart

Now well into their recovery, the Baehrs can reflect on their

Risky Business

Heart disease is the leading cause of death in the U.S. and worldwide. Speak with your primary care physician about your risk for heart disease, including family history, blood pressure and cholesterol levels, a history of smoking, diabetes or low physical activity. He or she may recommend lifestyle changes, and may order additional screenings to evaluate your current heart health, including any of the following:

- Blood tests
- Chest X-ray
- Electrocardiogram (ECG)
- Holter monitoring
- Echocardiogram
- Cardiac catheterization
- Cardiac computerized tomography (CT) scan
- Cardiac magnetic resonance imaging (MRI)

experiences together. They are focused on their ministry, the future and spending more time together.

“All of the doctors thoroughly explained the procedures as well as what to expect during our recoveries. We felt very comfortable with everything,” said Ronald.

Eileen adds, “I am grateful to the doctors, the staff, my family. The whole experience was a blessing.”

To schedule an appointment with Dr. Carrillo, he can be reached at 561-496-7900.



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GLUTEN FREE: WILL IT WORK FOR YOU?

What is gluten?

Gluten is a protein which is found in wheat, rye, and barley. Other grains, like oat and spelt, as well as processed foods can contain gluten as well without being labeled as such. The properties of gluten are what hold the bread and cake together. However, these same properties are what interfere with the breakdown and absorption of other nutrients. The undigested gluten can trigger your immune system and affect the intestines. Which in turn can cause abdominal pain, diarrhea, constipation, and other gastrointestinal related.

Gluten Intolerance vs. Celiac Disease

A medical history along with clinical tests can diagnose celiac disease and/or wheat allergy. Blood tests for Celiac disease measure the amount of particular autoantibodies in the blood, specifically the IgA class and IgG class. These autoantibodies are produced as part of the immune response. A tissue biopsy of the small intestine is performed to confirm a diagnosis. Although there is a definite classification of Celiac disease, those with non-celiac gluten sensitivity is relatively poorly understood. This leaves gluten sensitivity a very troublesome diagnosis to make.

Certain criteria need to be met before gluten sensitivity can be confirmed. The spectrum of conditions that arise with gluten sensitivity is rather broad and includes everything from energy to brain function. Daniel Leffler, M.D. a gastroenterologist and assistant professor of medicine at Harvard Medical School state that "Gluten is fairly indigestible in all people." He also estimates that half of the 60 million people in the U.S. who suffer from irritable bowel syndrome are probably sensitive to gluten.

Will a gluten-free diet work for you?

First, for the serological testing, you must currently be on a gluten containing diet for the tests to be accurate because the antibodies are produced by the immune system in response to substances that the body perceives as threatening. If there is no gluten in the diet, then there is no response that can be measured. If Celiac is confirmed by a biopsy of the small intestine, then a lifelong commitment of a gluten-free diet must be made.

Those who think they have gluten sensitivity should try cutting gluten out of the diet for a week or so and see if they feel better. Eating foods labeled "gluten free" may contain more sugar and fat to incorporate texture and fullness that gluten imparts.

Gluten

These products are also found to have less Iron and Vitamins B and D in them as well. However, sales of gluten free products increased 16% in 2010.

The rapid increase in gluten sensitivity is no surprise considering the modern Western diet consists of mostly grains. In the past years gluten was mixed with other grains, beans, and nuts. The use of gluten in products today has increased and pure wheat flour is now milled into refined white flour. Most people, in general, benefit from limiting or avoiding grains whether you have gluten intolerance or not. Grains break down into sugar which increases insulin production. The rise of health problems related to insulin resistance is well known and has also influenced other health problems such as obesity, high cholesterol, high blood pressure, and cancer.



Gluten may be hidden in foods under labels such as hydrolyzed vegetable protein, texturized vegetable protein, natural flavoring, malts, and starches. Just because a food is labeled as gluten-free doesn't mean you can eat as much of it as you want or that it's "healthier". Simply eliminating processed foods, white breads, white pasta, corn, potatoes, and snack cakes will reduce gastrointestinal symptoms one might be experiencing. Naturally gluten-free grains include brown rice, quinoa, and buckwheat.

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Remember, carbohydrates are good for nothing but burning. If you are not burning them off with active daily activity and/or exercise then the body is storing them for future energy requirements. When eating gluten-free you need to be careful that you're replacing the gluten-containing foods with healthy choices like vegetables, quality proteins and other whole, nutrient dense foods. If you instead go for gluten-free processed foods like gluten-free cookies, pasta and breads that are now commercially available, there's a good chance that you will actually gain weight and develop malnutrition. In one study of celiac diagnosed individuals, 81% actually gained weight over 2 years.

Avoiding gluten does not replace a healthy diet. In fact, it is very common for gluten sensitive individuals to lack important vitamins and minerals due to the anatomical inflammation causing improper breakdown of nutrients.

It is important to know where start by consulting with a nutritional expert. Getting a comprehensive blood analysis will not only define your state of health but will allow an expert to advise you on specific amounts of vitamins and minerals you need to be healthier.

HOT WEATHER RUNNING TIPS

The Road Runners Club of America wants to remind the running community about the importance of following our hot weather running tips. Running in the heat of summer can be dangerous if proper precautions and preparations are not followed.

- Avoid dehydration! You can lose between 6 and 12 oz. of fluid for every 20 minutes of running. Therefore it is important to pre-hydrate (10–15 oz. of fluid 10 to 15 minutes prior to running) and drink fluids every 20–30 minutes along your running route. To determine if you are hydrating properly, weigh yourself before and after running. You should have drunk one pint of fluid for every pound you're missing. Indications that you are running while dehydrated are a persistent elevated pulse after finishing your run and dark yellow urine. Keep in mind that thirst is not an adequate indicator of dehydration.

- Avoid running outside if the heat is above 98.6 degrees and the humidity is above 70-80%. While running, the body temperature is regulated by the process of sweat evaporating off of the skin. If the humidity in the air is so high that it prevents the process of evaporation of sweat from the skin, you can quickly overheat and literally cook your insides from an elevated body temperature. Check your local weather and humidity level.

- When running, if you become dizzy, nauseated, have the chills, or cease to sweat.... STOP RUNNING, find shade, and drink water or a fluid replacement drink. If you do not feel better, get help. Heatstroke occurs when the body fails to regulate its own temperature, and the body temperature continues to rise. Symptoms of heatstroke include mental changes (such as confusion,



delirium, or unconsciousness) and skin that is red, hot, and dry, even under the armpits. Heatstroke is a life-threatening medical emergency, requiring emergency medical treatment.

- Run in the shade whenever possible and avoid direct sunlight and blacktop. When you are going to be exposed to the intense summer rays of the sun, apply at least 15 SPF sunscreen and wear protective eyewear that filters out UVA and UVB rays. Consider wearing a visor that will shade your eyes and skin but will allow heat to transfer off the top of your head.

- If you have heart or respiratory problems or you are on any medications, consult your doctor about running in the heat. In some cases it may be in your best interests to run indoors. If you have a history of heatstroke/illness, run with extreme caution.

- Children should run in the morning or late afternoon hours but should avoid the peak heat of the day to prevent heat related illnesses. It is especially important to keep children hydrated while running and playing outdoors in the heat.

- Do wear light colored breathable clothing. Do not wear long sleeves or long pants or sweat suits. Purposefully running in sweat suits on hot days to lose water weight is dangerous!

- Plan your route so you can refill water bottles or find drinking fountains. City parks, local merchants, and restaurants are all good points to incorporate on your route during hot weather running. Be sure to tell someone where you are running, how long you think you will gone, and carry identification.

- Stay hydrated, cool, and safe this summer!

Source: www.rrca.org

Alone It's Just a Hearing Aid

By Dana Luzon, Au.D, CCC-A, FAAA, Board Certified Doctor of Audiology
Linda Logan, M.A. contributed to this article

As an audiologist, I see many patients who have been to other clinics in the area and their hearing aids are not fitting properly or are not adjusted correctly to meet their listening needs. When it comes to hearing aids, it's not about the actual device; it's about the care you receive from a trained professional who can match that device to your everyday needs. According to leading consumer research, two-thirds of hearing aids are improperly fit. Why? Because hearing devices by them self are not a solution. The ability of your doctor to integrate your devices into your lifestyle is essential to achieving better hearing.

As an Audigy Certified professional, I believe in training programs to keep up to date with the latest in technology, and have the expertise to help the technology meet your individual listening lifestyle. Through exclusive Diagnostic and Fitting tools like e-Patient and the AGX fitting system, we provide you with a level of care no one else can match.

Bringing a companion to your consultation and fitting appointments allows the family member to be involved in the process, and allows your audiologist to hear their concerns for your hearing care. During these appointments, a lot of information is given, and it helps to have a second set of ears listening in to absorb it. We also can show your loved one through a hearing loss simulator, what a person with your specific hearing loss experiences on a daily basis. During the new hearing aid fitting appointment, we can use the companion's voice, mapped out on the computer, to make sure your prescription is able to hear and understand them specifically using a program called Live Speech Mapping (LSM).

Live Speech Mapping allows for a very accurate fit, based on the patient's ear canal characteristics as well



as their hearing loss. The process of LSM is simple and painless for the patient. Use of LSM also allows the patient and their loved one to see each pitch as the hearing aid is adjusted. It also helps the provider explain and demonstrate how each adjustment can enhance or detract from the patient's ability to hear speech. This can be done with recorded speech signals or even the voice of the loved one!

LSM is an exciting breakthrough in hearing aid fitting technology. Using LSM truly separates the practices that are committed to total patient satisfaction from all the rest. Be aware, not all clinics use LSM. In most cases, the manufacturer's "best fit" is a far cry from the most accurate fit. The only way to know for sure what a patient is hearing is to measure. When picking a provider, make sure to add LSM to your list of must-haves!



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Dana Luzon, Au.D., CCC-A, FAA, Doctor of Audiology

Originally from Southern NJ, Dana Luzon received her undergraduate degree in Speech Pathology and Audiology from the Richard Stockton College of NJ, and continued on to receive her Doctorate of Audiology at Salus University's residential program. Her varied clinical experiences throughout her doctoral studies include: VA hospitals, rehabilitation clinics, ENT and private practice settings. Her professional interests include: audiologic rehabilitation and progressive tinnitus devices. Her interests in the field outside of the clinic include: Humanitarian Audiology, and Audiology Awareness. Dr. Luzon currently lives in West Palm Beach, FL.

"Immediate Dental Implants": What Exactly Does This Mean?

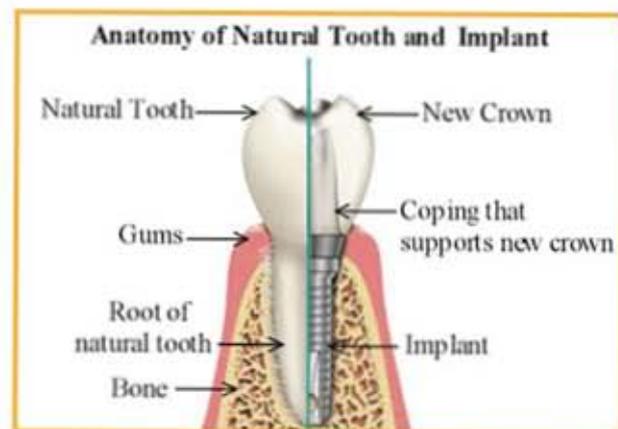
By Lee R. Cohen, D.D.S., M.S., M.S.

Many of our patients start their consultation for dental implants very confused from the numerous advertisements they have read. Often times, patients are not clear exactly what a dental implant consists of or how it can be used to help replace a missing tooth or teeth.

The Basics:

Teeth consist of 2 parts: the Crown- the part you see when you smile and chew with and the Root- the part in the bone and under the gums that gives support. When teeth need to be removed and replaced (this can be due to a number of factors such as decay or bone loss), one option is to use a dental implant. An implant is often referred to as a "root placement". When the entire tooth is extracted, the crown and root are removed. This leaves an empty space or socket in the bone where the old root used to live. An implant or "new root" can ultimately be placed in the site of the socket and over time the bone in the area can "glue" itself to this implant. Typically, this gluing can take around 3-6 months. Once this occurs, a new crown can be cemented onto the implant to complete the process of replacing the tooth.

Traditionally, when a tooth is removed, a bone graft is placed in the extraction socket to aid in regrowing bone in the site. After a period of healing, an implant is placed into the area with the newly formed bone acting as a support structure for this new root. Three to Six months after the implant has been placed into the area, a crown can usually be attached to complete the process.



Immediate Dental Implants:

A more advanced technique that can be utilized involves placing the dental implant into the tooth extraction site at the time the tooth is removed. This can be very tricky as variations in bone anatomy, shape and hardness can impact the stability and position your surgeon can place the implant. On the positive side, research has shown that placing an implant at the time of tooth extraction may help preserve the jaw bone structure around the implant area. In addition, fewer procedures may be needed if the implant is able to be inserted in the same appointment.

Due to the additional complexity of this procedure, we find the use of a 3D x-ray (CT scan) of the mouth area to be critical to helping decide if the use of immediate implant placement is appropriate in each individual case. Having an in-depth knowledge of the anatomy, including location of the nerves and sinuses, can help identify the safest and least invasive approach.

No tooth replacement site is the same and success can vary patient to patient and site to site. In some situations, such as areas of significant infection, the traditional approach to implant placement may be a better option. The more information your surgeon has regarding the areas being considered for treatment can help increase success and assist with determining the best approach for your individualized needs.

Lee R. Cohen, D.D.S., M.S., M.S.

Lee R. Cohen, D.D.S., M.S., M.S., is a Dual Board Certified Periodontal and Dental Implant Surgeon. He is a graduate of Emory University and New York University College of Dentistry.



Dr. Cohen completed his surgical training at the University of Florida / Shands Hospital in Gainesville, Florida. He served as Chief Resident and currently holds a staff appointment as a Clinical Associate Professor in the Department of Periodontics and Dental Implantology. Dr. Cohen lectures, teaches and performs clinical research on topics related to his surgical specialty.

The focus of his interests are conservative approaches to treating gum, bone and tooth loss. He utilizes advanced techniques including the use of the Periolas Dental Laser (LANAP procedure) to help save teeth and treat periodontal disease without the use of traditional surgical procedures. Additionally, he uses in-office, state of the art 3D CT imaging to develop the least invasive dental implant and bone regeneration treatment options. Dr. Cohen and his facility are state certified to perform both IV and Oral Sedation procedures. Botox® and Dermal Fillers are also utilized to enhance patients' cosmetic outcomes.

Dr. Cohen currently serves on the Board of Trustees for the American Academy of Periodontology and formerly the Florida Dental Association. He is past president of the Florida Association of Periodontists and the Atlantic Coast District Dental Association. Dr. Cohen is a member of the American Academy of Facial Esthetics. In addition, he has been awarded Fellowship in the American College of Dentists, International College of Dentists and the Pierre Fauchard Academy.



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Problems with sleep? Never feel rested?

**Is there an option to taking drugs to sleep?
New technology helps you fall asleep easier,
sleep better through the night,
and feel more rested.**

By Michael Cohen, Founder, Center for Brain Training

Do you find yourself lying awake at night worrying or being unable to shut off your mind? Maybe you don't feel rested or like you're always trying to "catch-up" on sleep? Do you wake multiple times throughout the night? Does your child struggle with a sleep problem like nightmares or bedwetting?

Perhaps you've tried medications but didn't like how foggy you felt the next day. Maybe you want an alternative to taking medications or long term. Have you tried various supplements and not seen much of a difference?

Sleep Problems and the Brain

Sleep is critical to good health. Over 40 million Americans suffer from chronic, long-term sleep disorders each year, and another 20 million experience occasional sleep problems.

Poor sleep can contribute to increased stress, lowered immune functioning, decreased cognitive functioning, depression, anxiety, ADHD, and other emotional and behavioral challenges. Many times, sleep problems are brain issues.

Our brains regulate our sleep. When your brain functions optimally, it smoothly transitions from an alert and awake state, to a relaxed state, and then into a sleep state, allowing a healthy amount of rest for your entire body to recharge and repair itself. If the brain's timing is out-of-sync, the brain has difficulty switching to these states, if at all.

If brain waves are too fast or slow, sleep problems can become more pronounced and difficult to manage. Sometimes the brain needs a tune-up to help it function better and maintain healthier patterns.



How Do I "Tune-Up" My Brain?

One option that consistently and effectively helps improve sleep is neurofeedback. Neurofeedback helps your brain change itself and create healthier patterns without medication. It's a powerful tool to help regulate sleep naturally.

Cheryl, a woman in her 60's, came to us because she had struggled since high school with both going to sleep and staying asleep. She told us she had spent most of her life sleeping about four hours per night, and rarely up to five. She was always tired and concerned about cognitive decline.

Within three months of brain training with neurofeedback, her sleep gradually increased. She now falls asleep much more quickly and reported staying asleep for up to seven hours.

She said, "I feel much more energy and optimistic as a result of the increase in sleep. It's made all the difference."

How Does Neurofeedback Work?

Neurofeedback helps change brain patterns naturally. It measures your brain's rhythms and rewards you when you make healthy patterns. For instance, with sleep problems, certain patterns in the brain are often moving too fast. Neurofeedback helps your brain learn how to make healthier patterns by giving your brain a reward when it slows down.

With repeated training, the brain learns to maintain those healthier patterns. Correcting sleep issues with neurofeedback just takes practice and reinforcement.

Another client, Bill, came to us because he was unable to sleep before 1:30 or 2:00 in the morning. He had to be awake by 6:15 a.m. to get to work, and his inability to sleep was affecting his work performance and his family life.

We were already working with one of Bill's kids for ADHD. When his wife mentioned his sleep problem during a brain training session with their son, we suggested he try neurofeedback as well.

In just over two months of neurofeedback, he was able to fall asleep between 10:30 p.m. and 11:00 p.m. almost every night.

Why Have I Not Heard of Neurofeedback for Sleep?

Many physicians aren't aware of neurofeedback or its role in helping improve sleep, although it's often the first significant change noticed by people when they start neurofeedback, even if they came to neurofeedback for something completely unrelated to sleep struggles.

Once doctors learn about the positive results in their patients, they are generally very receptive to neurofeedback and want to learn more.

We know sleep hygiene (habits before sleep) can play a role in improving sleep, as can certain other behavioral modifications, yet many people resort to medication because medications are commonly known, and doctors are trained to provide prescriptions to help relieve their patients' problems.

Contributory factors such as sleep apnea also need to be assessed in combination with neurofeedback training.

Does Neurofeedback Work for Kids and Adults?

People of all ages can have brain patterns that cause disruptions to their sleep. Neurofeedback is an excellent tool for kids and adults because it's similar to playing a video game, except the game is played with your brain.

Many parents report to us that their child's sleep is much improved, which can behavioral and emotional responses. People often see a noticeable change in sleep within the first four-six sessions.

Neurofeedback can be also beneficial for kids with difficulty falling asleep, kids who have nightmares or bedwetting problems, and kids who are difficult to wake up in the morning.

We offer a variety of other biofeedback and brain tools that can be helpful with sleep problems, and we encourage our clients to try different methods to see which work best.

Neurofeedback is a powerful tool to help regulate sleep. If you are interested in additional information about how neurofeedback can help your sleep issues, call our office at 561-744-7616.

Jupiter Office Boca Raton Office
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About Center for Brain Training

Center for Brain Training is a team of compassionate professionals whose mission is to enhance the lives of people suffering from a variety of conditions that can be significantly improved with the help of neurofeedback.

Michael Cohen, President and Founder of the Center for Brain Training is one of the leading experts in brain biofeedback. For 16 years, he's taught courses and provided consulting to MD's and mental health professionals around



the world, helping them incorporate new biofeedback technologies for chronic pain, anxiety and mood disorders, ADHD and neurological problems.



Renee Chillcott is a Licensed Mental Health Counselor and is the clinical director of the Boca Office of CenterforBrain.com. She has been practicing neurofeedback for almost nine years. She has worked for years using neurofeedback with anxiety, panic attacks and depression.

She reports that neurofeedback has helped her clients achieve far more success than with just psychotherapy or medications. The Boca office works with children, adults and families. Renee obtained her Master's degree from Nova Southeastern University in counseling. She has also received continuing education in the diagnosis and counseling of attachment disorders, teaching positive parenting skills, and peak performance neurofeedback.



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Effective Treatment for Menopause and Weight Gain

Menopause is an inevitable part of a woman's life, whether brought on by necessary surgery or the natural progression of time. The symptoms often interfere with daily living and change women in a way that interferes with positive self image and emotions. As women approach menopause they endure many symptoms, but one that proves the most difficult for many women to accept is menopausal weight gain. Not only can a few extra pounds (or maybe more) ravage a woman's self-esteem and self-image, but weight gain can usher in a host of health concerns that put a woman at risk of developing life-threatening conditions. These include:

- Heart disease, stroke
- High blood pressure
- Osteoarthritis
- Breast cancer
- High cholesterol
- Kidney disease
- Sleep apnea
- Insulin resistance (increasing diabetes risks)

What is Menopause?

Menopause is a transitional period marking the cessation of ovulation in a woman's body. This time of change may last a few months to several years. Symptoms vary from mild to severe, and are brought on as our bodies try to adapt to decreasing amounts of estrogen. Symptoms include hot flashes, night sweats, insomnia, fatigue, mood swings, memory loss, vaginal dryness, headaches, joint pain, and weight gain.



260
LBS

Lost
63 LBS

5 months

Lost
24 LBS

3 months

Total
87 lbs

To Be
Continued...

About 90% of menopausal women experience some amount of weight gain. Although weight gain is a natural and common aspect of getting older, there are ways to reduce it. Women who are educated about this symptom are more likely to find ways around the typical spare-tire waist or extra inches here and there. On average, women gain between 12 and 15 pounds between the ages of 45 and 55, the stage in life when menopause typically occurs. This extra weight generally does not evenly distribute itself throughout a woman's body. The weight tends instead to accumulate around the abdomen, and women often notice the shape of their bodies slowly lose their hour-glass figure and begin to take on a rounded shape.

Diagnosis and Treatment of Menopause

Few areas of women's health stir up as much debate as Hormone Replacement Therapy (HRT), which is normally started when the first symptoms of menopause appear. While they may alleviate hot flashes and prevent osteoporosis, they will also increase the risk of breast, ovarian and uterine cancer, and have a number of significant side-effects. But HRT isn't the only solution. Menopause is an area in which Chinese Medicine shines. Acupuncture and Chinese herbal medicine have the ability to detect energetic changes that occur in the body and quickly relieve symptoms such as hot flashes, foggy mind, irritability and weight gain.

Evidence that Acupuncture and Herbal Medicine have been used for women's health can be found in early medical literature dating back to 3 AD.

Studies on Acupuncture and Menopause

Since the early seventies, studies around the globe have suggested that acupuncture and Chinese herbal medicine are effective treatments for hot flashes, anxiety, insomnia, vaginal dryness and many other symptoms associated with menopause. Recent studies show extremely positive results.



From 1997 to 1999, one of the first studies in the United States to explore the effectiveness of acupuncture in alleviating hot flashes, insomnia and nervousness was conducted by Dr. Susan Cohen, D.S.N., APRN, associate professor of the University of Pittsburgh. It was found that during the course of acupuncture treatments, hot flashes decreased by 35% and insomnia decreased by 50%. A follow-up study revealed hot flashes significantly decreased in those receiving acupuncture, compared to those receiving routine care.

In a research review published in 2009, scientists analyzed 31 studies (with a total of 3,013 participants) and found that acupuncture was associated with a significant reduction of average body weight and improvement in obesity.

While these results are promising and the United Nations World Health Organization has approved acupuncture as a treatment for symptoms associated with menopause, further clinical trials with larger samples are currently underway.

A drop in estrogen and progesterone can increase a woman's appetite and cause her to eat up to 67% more, according to one study. An increase in appetite coupled with a slower metabolism with the onset of menopause can cause weight gain in women. This could, perhaps, account for the 12% jump in the number of women who are overweight in midlife compared to women in their 20's and 30's.

Women who gain in excess of 20 pounds after menopause increase their breast cancer risk by nearly 20%, but those who lose 20 pounds after menopause reduce their breast cancer risk by as much as 23%

Yanhong Meng, AP, DOM

Dr. Meng, MD (China), AP, received her medical degree from the prestigious Shandong University in China and has also completed several advanced training courses in oriental medicine from well-respected TCM hospitals in China. She has over 18 years of experience as a doctor of Chinese medicine. She has owned and operated Meng's Acupuncture Medical Center since 2007.



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SEEKING A SECOND OPINION ABOUT YOUR EYE CARE

By David A. Goldman MD

Throughout my career I have seen patients come to me for second opinions, and I have also had patients ask me if I would 'mind' if they saw another specialist for a second opinion.

For the patient, seeking a second opinion is a difficult thing to do. To begin, he or she may not know who is a reputable person to seek for second opinion. Furthermore, they may have a good relationship with their ophthalmologist and may feel they are betraying their doctor's confidence by seeking another MD. Finally, they may be concerned whether their insurance will cover a visit for second opinion.

For the doctor, discovering a patient has seen another physician may make them feel that they are not trusted or even felt to be incompetent. In some cases, when a patient seeks second opinion it may completely end their care with the first physician.

It has always been my belief that second opinions are an excellent idea. If the care rendered to date is appropriate, the second physician can confirm that and set the patient's mind at ease. In some cases, the physician may actually find something that the first doctor missed, and in these cases both the physician and patient still benefit. This is because at the end of the day, doctors want their patients to do well. If I am unable to treat a patient completely, I am thankful that another doctor could. On the other side, I am happy to help out my colleagues when they have gotten stuck, or just to tell their patients that everything is going well. Medicine is not performed in a vortex - referrals to subspecialists are very commonplace. While intra-subspecialty referrals are less common, I am always comfortable recommending the patient seek second opinion if they have any questions or concerns. In this way, doctor-patient relationships are strengthened rather than weakened and care can be given the best way possible.



DAVID A. GOLDMAN

Prior to founding his own private practice, Dr. David A. Goldman served as Assistant Professor of Clinical Ophthalmology at the Bascom Palmer Eye Institute in Palm Beach Gardens. Within the first of his five years of employment there, Dr. Goldman quickly became the highest volume surgeon. He has been recognized as one of the top 250 US surgeons by Premier Surgeon, as well as being awarded a Best Doctor and Top Ophthalmologist.

Dr. Goldman received his Bachelor of Arts cum laude and with distinction in all subjects from Cornell University and Doctor of Medicine with distinction in research from the Tufts School of Medicine. This was followed by a medical internship at Mt. Sinai - Cabrini Medical Center in New York City. He then completed his residency and cornea fellowship at the Bascom Palmer Eye Institute in Miami, Florida. Throughout his training, he received multiple awards including 2nd place in the American College of Eye Surgeons Bloomberg memorial national cataract competition, nomination for the Ophthalmology Times writer's award program, 2006 Paul Kayser International Scholar, and the American Society of Cataract and Refractive Surgery (ASCRS) research award in 2005, 2006, and 2007. Dr. Goldman currently serves as councilor from ASCRS to the American Academy of Ophthalmology. In addition to serving as an examiner for board certification, Dr. Goldman also serves on committees to revise maintenance of certification exams for current ophthalmologists.

Dr. Goldman's clinical practice encompasses medical, refractive, and non-refractive surgical diseases of the cornea, anterior segment, and lens. This includes, but is not limited to, corneal transplantation, micro-incisional cataract surgery, and LASIK. His research interests include advances in cataract and refractive technology, dry eye management, and internet applications of ophthalmology.

Dr. Goldman speaks English and Spanish.

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It's Hot Everywhere In July

By Brent Myers, Pastor of Community Life

Have you noticed that Summer has arrived? If you haven't, just wait, you will. This is how I can usually tell that our wonderful south Florida Summer has come: when I bathe, get dressed, walk outside the house thirty feet to my car and when I get in – I feel like someone has rubbed a glazed doughnut all over my face.

Is it just me? I doubt it.

But don't misunderstand my description for complaining. Several years ago I learned a very valuable lesson that has had a profound spiritual impact on my life. There was a July Summer day that I was grumbling about how hot and humid it was and wondering aloud how nice it must be in another part of the country. At that moment, a wise man looked at me and said, "Brent... *it's hot everywhere* in July."

Wow!! Simple, but so true!

He wasn't providing a meteorological analysis of the climate zones of the United States, but instead he was telling me: "Be content."

Too many times in our lives we look at our circumstances and wish things were better – or at least different. But spiritually speaking, we need to learn to be content with the life that God has given us – even if it stinks (for right now.)

St. Paul wrote these words: *"I am not saying this because I am in need, for I have learned to be content whatever the circumstances. I know what it is to be in need, and I know what it is to have plenty. I have learned the secret of being content in any and every situation, whether well fed or hungry, whether living in plenty or in want."* (Philippians 4:11-12)

Paul was sharing the reality of his life – that he had learned to be content. Whether he was poor or rich – regardless of the circumstances of his life – he was content. Oh, and just for a frame of reference... Paul wrote these words while in prison in ancient Rome!



But before we say to ourselves, "Well, that was the great St. Paul and I could never do that." Let's read a bit further: *"I can do all this through him who gives me strength."* (Philippians 4:13) Do you see that?! Paul couldn't do it on his own either!! He understood that his contentment in life – even in prison – came because Jesus Christ enabled him to deal with it.

So the next time life gives you a bad turn or the next time you find yourself complaining... seek to be content. Try to find the reality of the situation you are in – that God is doing something for a bigger purpose than yourself and He will get you through it. Learn to be content.

Socrates is credited with saying: "He who is not contented with what he has, would not be contented with what he would like to have."

Why? Because *it's hot everywhere* in July.

Brent Myers @brentdrewmyers

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